

CHELSEA HOUSE MONTESSORI SCHOOL

13742 - 30th Northeast, Seattle, Washington 98125 - Telephone: (206) 363-5212
chelseahousemontessori@gmail.com

REGISTRATION FORM - FALL 2023-2024

Wednesday, September 6, 2023 - Friday, June 7, 2024

Name of Child _____ Date (mm/dd/yy) ___/___/___

Birthdate ___/___/___ Last Physical Exam ___/___/___ Last Dental Exam ___/___/___ Start Date ___/___/___

Home Address _____ City _____ Zip _____

Home Phone _____ Child Lives With _____

Address of other parent if different _____ Phone _____

How did you discover Chelsea House? _____

A non-refundable registration fee of **\$205.00** (new students) or **\$135.00** (returning students) and annual craft fee of **\$175.00** and snack fee of **\$235.00** per child must accompany these forms.
Please note the 1st payment for the Fall Program is due August 1st. Mail forms and fees to **1037 NE 65th St # 149, Seattle, WA 98115**. A full refund will be made if space is not available at Chelsea House.

Annual tuition is divided into 10 (ten) payments, due monthly; AUGUST 1, 2023 through MAY 1, 2024.

Select one of the following *:

- | | | | |
|--|------------------------------------|-----------------|------------------------|
| <input type="checkbox"/> Extended Days | Mon-Fri (8:30 am-5:30 pm) | \$2473.00 / mo. | Pick-up: 5:30 - 5:35 |
| <input type="checkbox"/> Full Days | Mon-Fri (9:00 am-3:30 pm) | \$1698.00 / mo. | Pick-up: 3:30 - 3:35 |
| <input type="checkbox"/> 3 Full Days | 3 days per week (9:00 am-3:30 pm) | \$1396.00 / mo. | Pick-up: 3:30 - 3:35 |
| <input type="checkbox"/> 5 Mornings | Mon-Fri (9:00 am-12:00 pm) | \$1285.00 / mo. | Pick-up: 12:00 - 12:05 |
| <input type="checkbox"/> 3 Mornings | 3 days per week (9:00 am-12:00 pm) | \$870.00 / mo. | Pick-up: 12:00 - 12:05 |

* Alternate schedules by arrangement with Director

Parent's Name _____ Parent's Name _____

Phone _____ Phone _____

Occupation _____ Occupation _____

Employer _____ Employer _____

Work Address _____ Work Address _____

Work Phone _____ Work Phone _____

E-mail _____ E-mail _____

Who in addition to a parent is permitted to pick-up your child from school?

Name Relationship Address Phone - Home / Work

Name Relationship Address Phone - Home / Work

Emergency Contact

Name Relationship Address Phone - Home / Work

I authorize Chelsea House Montessori School to provide care for my child. I certify that the information provided in this application is correct to the best of my knowledge.

Signature _____ Date ___/___/___

OFFICE USE ONLY

DATE STARTED _____ DATE WITHDREW _____

ALL SCHOOL OPERATING FUNDS ARE OBTAINED THROUGH TUITION FEES. THERE IS NO TUITION REFUND OR REDUCTION FOR SCHOOL/FAMILY VACATIONS, HOLIDAYS, ABSENCE/ILLNESS, OR OTHER SCHOOL CLOSURES NOTED BELOW. EXACT DATES ARE PUBLISHED EVERY SEPTEMBER.

Veteran's Day	New Year's Day	President's Day
Thanksgiving Thur & Friday	Martin Luther King Day	Spring Break
Winter Break	Mid-Winter Break	Memorial Day
Parent Conferences (2 days per year)	Teacher/Staff Training (1 day every 3 months)	

MEDICAL HISTORY

Child's Physician _____ Phone _____

Address _____ City _____ Zip _____

Preferred Hospital _____ Phone _____

Address _____ City _____ Zip _____

Child's Dentist _____ Phone _____

Has your child had any of the following illnesses?

- Mumps Polio Other: _____
- Measles Scarlet Fever Other: _____
- Chicken Pox Whooping Cough Other: _____

Please specify any allergies (drugs, food, other): _____

OTHER FEES

Permanent Change of Schedule \$95.00 each time
Late Pick-Up \$5.00 per minute

CONSENT FOR EMERGENCY TREATMENT

I hereby give permission that my child _____ may be given emergency treatment by a qualified staff member at **Chelsea House Montessori School**. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

In the event that I cannot be contacted, I further consent to the medical, surgical, and hospital care, treatment, and procedure to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health. I waive my right of informed consent to such treatment.

Parent's Signature _____ Date ____/____/____

IMPORTANT NOTICE

STATE LAW REQUIRES ALL STUDENTS TO BE IMMUNIZED BEFORE THEY ENTER SCHOOL.

PAYMENT SCHEDULE

I agree to pay Chelsea House Montessori school fees according to the following schedule.

Select one of the following:

- Monthly due 1st of every month starting August 1st 2023 to May 1st 2024

- Annually due 1st August, 2023 (10 months)

A late fee of \$95 applies five days after the due date.

Print Name: _____

Signature _____

Date ____/____/____

WRITTEN POLICIES AND PROCEDURE INFORMATION

The following information is provided in the Parent Handbook and was discussed during orientation. A copy of the policies is found in the school office.

- Enrollment and admission requirements
- The fee and payment plan
- A typical activity schedule, including hours of operation are posted on the bulletin board
- Snacks served at school are posted on the bulletin board
- Meals (lunch) brought from home must contain a dairy product, meat or meat alternative, A grain, fruits or vegetables (2 fruits or 2 vegetables or a combination)
- Signing in and signing out requirements
- Child abuse reporting law requirements
- Behavior management and discipline
- Non-discrimination statement
- Religious and cultural activities: Parents will be notified in advance of such activities
- Medication management
- Medical emergencies
- Disaster preparedness plan
- Healthcare policy
- Pesticide policy
- Photograph policy: Children may be photographed during work time or recess. The photographs are used only for educational and promotional purposes such as the Chelsea House website, newsletters, and flyers.

I give Chelsea House Montessori permission to photograph my child to use for promotional purposes.

Yes No

I understand the policies of the school regarding the above policies and procedures

Print Name: _____

Signature _____

Date / /

DEVELOPMENTAL QUESTIONNAIRE

(Must accompany Registration Form)

Name of Child _____ Date (mm/dd/yy) ___/___/___

1. What do you hope for in sending your child to Chelsea House Montessori School? _____

2. Is the majority of your child's social interaction with children or with adults? _____

3. Has your child attended any type of early childhood environment before enrolling at Chelsea House (i.e. co-op, etc.)? Yes No
If Yes, where? _____

4. Do you have other children? Yes No
If Yes, please note their names and ages. _____

5. Does your child take a nap? Yes No
If Yes, explain how long a nap usually lasts, and if your child takes a bottle or favorite toy. _____

6. Any favorite toys, games, puzzles, books, activities? _____

7. How much screen time (TV, iPad, phone, computer, video games, etc.) is your child accustomed to?

8. Is your child toilet trained? Yes No What word(s) does your child use for toilet? _____

9. How does your child express anger or frustration? _____

10. How do you discipline your child? _____

11. List any current health conditions (physical limitations, medication being taken) _____

12. List any past health history (including premature birth, developmental problems, physical limitations, traumatic experiences, etc.) _____

13. Is / Was the child in therapy (speech, physical, occupational, play, social-emotional, family therapy etc.)?
Please indicate if current/past. _____

Parent's Signature _____

Date ___/___/___